

# Florida Department of State

**Division of Corporations** Public Access System

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Division of Corporations

Fax Number : (850)617-6381

From:

: GONZALEZ & WERMUTH, P.L. Account Name

Account Number : I20020000138 : (305)715-7157 Phone : (305)715-8982 Fax Number

# FLORIDA PROFIT/NON PROFIT CORPORATION

MAGA Enterprises, Inc.

Certificate of Status	1
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H08000127671 3

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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

# ARTICLES OF INCORPORATION OF MAGA ENTERPRISES, INC.

In compliance with the requirements of F.S. Chapter 607, the undersigned, being a natural person, hereby acts as an incorporator in adopting and filing the following articles of incorporation for the purpose of organizing a business corporation.

## ARTICLE I NAME

The name of the corporation shall be: MAGA Enterprises, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The initial principal place of business and mailing address of this corporation shall be: 10305 NW 41 Street, Suite 206, Miami, FL 33178.

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized under the law of Florida.

#### ARTICLE IV SHARES

The number of shares of common stock that this corporation is authorized to have outstanding at any one time is: Ten Thousand (10,000), each with a par value of \$0.01.

## ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent shall be: CorpWiz Registered Agents, Inc., 8750 N.W. 36 Street, Suite 425, Miami, Florida 33178.

## ARTICLE VI INCORPORATOR

The pathe and street address of the incorporator to these Articles of Incorporation is: Ricards A. Gonzalez at 8750 NW 36 Street, Suite 425, Doral, Florida 33178.

ignature, incorporator

Date

05-12-08

H08000127671 3

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my

position as registered agent.

Signature, Registered Agent

5-12-08

Date ,

SECRETARY OF STATE